



CITY OF CANTON
Mayor Thomas M. Bernabei

**COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHAB PROGRAMS**

**FOR
HOMEOWNERS**

Guidelines & Application

**City of Canton
Community Development
Housing Rehab Division
218 Cleveland Ave SW, 5th Floor
Canton, OH 44702
330-489-3040**

**Sherice Freeman, Director
Karla Heinzer, Housing Program Manager
Kim Fox, Loan/Grant Processor
Edd Ash, Construction Coordinator**



HOUSING REHAB PROGRAMS

The City of Canton has been designated by the United States Department of Housing and Urban Development (HUD) as a participating jurisdiction for the receipt and use of funds as provided by Title 1 of the Housing and Community Development Act of 1974, as amended, the City of Canton receives an allocation of funds from HUD for the Community Development Block Grant Program (CDBG). The following housing rehab programs have been made possible by HUD's CDBG Program:

Minor Home Repair Program

This program is intended to correct one code compliance issue within the home which if neglected, could adversely affect the health, safety and welfare of families.

Eligible Repairs: As determined by Construction Coordinator Inspector, electric repair/replace, plumbing repair/replace, HVAC mechanical repair/replacement and building structural emergency, assistance w/ ADA compliance ramps & emergency trip hazards. Only one critical trade repair item can be addressed.

A rating system, based on health, safety and code violations will be used during the inspection to prioritize the most urgent repairs needed. All homes will receive carbon monoxide detectors and smoke detectors installed to manufacturer's specifications and HUD regulations, where needed.

Housing constructed prior to 1978, that are rehabilitated with the use of CDBG funds, are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992.

Only the amount of funds necessary to correct one health & safety code compliance issue within the home will be awarded.

Maximum CDBG Grant/Loan: \$5,000

Financing: Deferred Loan; 5-year lien declining 20% per year

Roof Replacement Program

This program assistance to low-income homeowner involves repair or replacement, as needed, to correct roofing, gutter and fascia. Only, the minimum dollar amount required to correct the roofing needs of the single-family structure shall be awarded. Detached garages do not qualify for this program.

Eligible Repairs: Roof repair/replacement which may include sheathing, rafters, flashings, vents, structural members, soffits, fascia, gutters, and downspouts.

Housing constructed prior to 1978 that are rehabilitated with the use of CDBG funds are subject to the Lead-Based Paint Poisoning Prevention Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992. A lead-based paint clearance will be required if a painted surface is disturbed.

Maximum CDBG Grant/Loan: \$12,500

Financing: Deferred Loan; 10-year lien declining 10% per year

Emergency Repair Program

This program assists low-income homeowners with emergency rehabilitation that is an immediate threat to health and safety of human life. Each repair will be reviewed and considered individually.

Eligible Repairs: Immediate threat to health & safety arising from natural gas leaks, carbon monoxide emissions, sewage back-up, broken water lines,

Note: If a wall must be opened to make repair, we do not repair the wall.

Emergency rehabilitation does not consist of whole house multiple repairs and/or any non-emergency related rehabilitation. Any rehabilitation that invokes the requirements of the Federal Residential Lead-Based Paint Hazard Reduction Act of 1992, does not fall under this program.

Any individual or family may only receive assistance through the Emergency Repair Program once every five years. Previous assistance through other housing rehabilitation programs does not disqualify you from this assistance.

Maximum CDBG Grant: \$6,500

Rehab PROGRAM SUMMARY

Purpose: To assist low income households who own a home with minor home repair, and roof repair/replacement so homeowner may reside in a healthy, safe and sanitary environment.

Assistance: A homeowner may only receive assistance through one home repair program once in a lifetime. Previous assistance through the Emergency Repair Program will not disqualify you from these programs.

Eligibility Guidelines:

- The applicant must not have received previous assistance through a housing rehabilitation program or have a current mortgage with the City of Canton.
- Must be a homeowner within the city of Canton corporation limit
- Applicant must reside in and have owned the home for at least one year
- Land Contracts are not eligible, except emergency
- Must be current with home mortgage (We cannot approve assistance while undergoing a mortgage modification)
- Applicant must have homeowner's insurance
- Applicant must be current in the payment of Income Tax, Real Estate Tax, Utilities, and Federal, State or Municipal funded loan programs.
- A title search is required
- An applicant cannot have more than \$7,500 in short term assets such as cash, savings, and checking.

Income Eligibility: Household income cannot exceed 80% of area median income. The total household income is based on the number of people living in the home. The City of Canton follows the HUD Part 5 Definition of Income.

Non-Eligible Applicant: No applicant is eligible to receive assistance through these programs if they are in the process of bankruptcy, foreclosure, mortgage modification and/or an unsettled divorce.

Access: Applicants must allow access to their residence for the purpose of inspecting any health and safety deficiencies to be addressed.

Substandard and Unsanitary Conditions: There must be no accumulation of trash, animal feces, garbage, or excess amounts of debris accumulated within the unit at the time of the inspection. The homeowner must correct existing conditions within one month from the date of initial inspection, or they will no longer be eligible to participate in the program.

Contracting: The City of Canton shall provide the homeowner with a list of contractors that are registered to do the work to be bid on. The city will prepare the bid packets and submit to contractors to bid the work. At least two (2) bids must be received, and the lowest and best bidder will be awarded the work.

Disputes: In the event there should be a dispute between the owner and the contractor concerning the completion of the rehabilitation work, the City of Canton shall make the final determination whether the rehabilitation contract has been violated, and will work with both parties to find a satisfactory and timely solution.

CDBG Repair Program Procedure: This is a general outline of the functions to be performed by the City of Canton.

1. Receive application and enter into database, determine Phase 1 applicant eligibility.
2. Score applicant (30 day open application process)
3. Interview, to verify income, property ownership, assets, city verifications, etc.
4. Determine eligibility – Phase 2
5. Schedule inspection
6. Prepare a scope of work and cost estimate of the work.
7. Consult with applicant and obtain signature that the scope of work was reviewed.
8. Contractors selection by homeowner, walk-thru and bid opening dates scheduled
9. Historic and Environmental Review
10. Bid packet prepared, walk-thru scheduled with contractors
11. Bid opening
12. Purchase order requested
13. Open-End Mortgage, agreements, homeowner's and contractor's documents prepared
14. Pre-Construction meeting with Contractor and Homeowner
15. Mortgage recorded
16. Issue Order to Proceed
17. Order Lead Clearance if required
18. Perform progress inspections, request for payment
19. Obtain owner's signature on completion of work.
20. Make final inspection
21. Verify building permits have been finalized
22. Release final payment



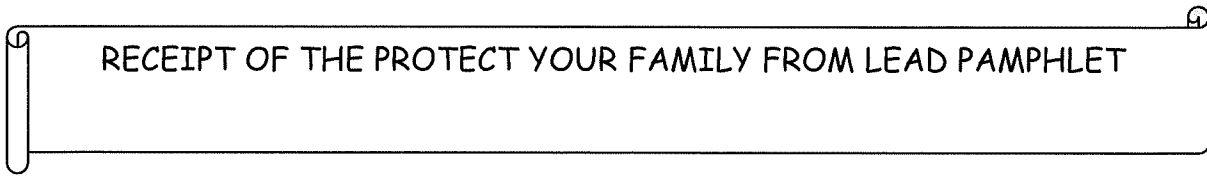
HOME REPAIR APPLICATION INSTRUCTIONS

1. Complete the application.
2. Sign and date the **Lead Based Paint Statement** certifying that you have been given information regarding Lead Based Paint. The notice **Protecting Your Family from Lead** is attached for you to keep as required by HUD.
3. Gather all required documentation as listed on the “**Required Documentation**” list. **THIS IS VERY IMPORTANT!** to determine if you qualify for our programs. The Grant Processor will ensure original documents get returned to you if mailed.
4. Read, sign and date the **Verification, Authorization, Photo Release, Privacy Form, Walk Away Policy, and the Affidavit.**

This information may be mailed to Community Development, City of Canton, 218 Cleveland Ave SW, 5th Floor, Canton, OH 44702

You may also email your application and required documentation to:
communitydevelopment@cantonohio.gov

If you have a child under 6 years of age or have a pregnant woman in the house you may be interested in our Lead Hazard Reduction Grant Program titled “Lead Safe Canton” at www.cantonohio.gov/lead



Program:

Applicant:

SUMMARY:

The City of Canton uses federal U.S. Department of Housing and Urban Development (HUD) funding to finance the housing rehabilitation programs such as, the Minor Home Repair, the Emergency Repair and Roof Replacement Programs. When using government money, all structures built prior to 1978 are presumed to have lead-based paint. The City of Canton will ensure that lead safe work practices are implemented and only contractors with their EPA Lead Safe Renovator Certification will be utilized.

I hereby certify that I have received the publication entitled *Protect Your Family from Lead in Your Home (EPA 747-K-94-001)* and that I have read and understood the information.

Signature of Owner: _____

Date: _____

Witness: _____

Date: _____

THIS MUST BE TURNED IN WITH YOUR APPLICATION



APPLICATION FOR HOUSING REPAIR PROGRAMS



APPLICANT(S):

Owner Last Name	First	Init.	Social Security #	Birth date
-----------------	-------	-------	-------------------	------------

Co-Owner Last Name	First	Init.	Social Security #	Birth date
--------------------	-------	-------	-------------------	------------

Address	City	ZIP	Owner Phone Number
---------	------	-----	--------------------

Email Address	Co-Owner Phone #
---------------	------------------

Owner Marital Status: _____

Is this address your Principal Residence? Yes No

ALTERNATE CONTACT INFORMATION:

This information is being collected to assist us in locating you in the event that your phone is out of service or we cannot get in contact with you.

Contact Name	Phone Number	Address
--------------	--------------	---------

Contact Name	Phone Number	Address
--------------	--------------	---------

STATISTICAL DATA FOR FEDERAL COMPLIANCE AND EQUAL OPPORTUNITY:

Single Family Home? Yes No

Single Head of Household? Yes No If Yes: Male Female

Are any members of the household disabled/handicapped? Yes No

Is the owner or co-owner a Veteran? Yes No

Select One or More: _____ Hispanic or Latino _____ American Indian or Alaska Native
_____ Asian _____ Black or African American
_____ White _____ Hawaiian or Pacific Islander
_____ Other Multi-Racial

HOUSEHOLD SIZE INFORMATION:

Please list all of the people living at this property including yourself:

NAME	AGE	RELATIONSHIP	FULL TIME STUDENT?	SOCIAL SECURITY No.
		Owner		
		Co-Owner		

HOUSEHOLD INCOME:

Provide information on all household income sources. Income includes the following for all persons of the household that are age 18 or over: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, and other income. Food benefits are NOT considered income.

OWNER'S ANNUAL INCOME:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
Alimony	\$
Child Support	\$
CO-APPLICANT ANNUAL INCOME:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$
ADDITIONAL EMPLOYED HOUSEHOLD MEMBER:	(Name)
Annual Employed Income:	\$
Employer:	\$
Pension:	\$
Other Annual Income/Source(s):	\$

If additional household members are employed, please attach another sheet and provide employment information.

HOUSEHOLD ASSETS (CHECKING/SAVINGS/ETC):

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Name and Address of Financial Institution:	Type of Account:
	Account Number:
	Balance:

Do you own any other real estate? Yes No

If yes, please list the address or parcel#: _____

If yes, please list the equity in the real property _____

(Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs that would be incurred in selling the asset (e.g., broker fees).

Do you own life insurance that allows you to borrow cash before death? Yes No

Name and Address of Financial Institution:	Type of Policy:
	Policy Number:
	Telephone Number:
	Name of Representative:

LIENS ON PROPERTY:

Are there presently any liens on your property or any outstanding municipal assessments: Yes No

If yes, please explain:

PROPERTY OWNERSHIP INFORMATION:

Name of owner as it appears on the property's title: _____

Is there a mortgage on the property? Yes No

Are you current on your mortgage? Yes No

Is your primary residence currently in foreclosure? Yes No

FIRST MORTGAGE:

Name of Lending Institution	Account #
-----------------------------	-----------

Address	City	ZIP	Balance Owed Now
---------	------	-----	------------------

SECOND MORTGAGE:

Name of Lending Institution	Account #
-----------------------------	-----------

Address	City	ZIP	Balance Owed Now
---------	------	-----	------------------

HOMEOWNER'S INSURANCE:

Insurance Company Homeowners Policy is through	Expiration Date of Insurance
--	------------------------------

PROPERTY TAXES:

Are you current on your property taxes: Yes No

If no, please explain:

If there is a payment arrangement, please attach a copy of the payment arrangement

ADDITIONAL PROPERTY INFORMATION:

QUESTION	YES	NO
Is your property in a flood zone?		
Is your property listed as a Historical Property?		
Has your property been cited for code violations within the last 12 months? If yes, please include the letter.		
Has your insurance company asked you to make property improvements? If yes, please include their letter.		

PREVIOUS ASSISTANCE:

Have you received previous assistance from the City of Canton? Yes No

If yes, what type and when: _____

PROPERTY REPAIR REQUEST:

Electrical _____ Plumbing _____ HVAC _____
Building (structure) _____ Roof _____

EXPLAIN: _____

Which program do you wish to apply for (Circle One):

Minor Home Repair Roof Replacement

The owner and co-owner certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under the City of Canton's Housing Rehabilitation Loan Program, and is true and complete to the best of the applicants' knowledge and belief. Verification may be obtained from any source herein. A credit report may be obtained on the owner and co-owner by the City of Canton. PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

OWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE

Mail or bring in completed application to:

City of Canton
Community Development
Attn: Loan Processor
218 Cleveland Ave SW, 5th Floor
Canton, OH 44702



REQUIRED DOCUMENTS:

- ☐ Last 6 checking account statements and current savings statement for *all adult occupants*

Please write source of income for all unidentified bank deposits.

- ☐ Photo ID – Copy of Photo ID of the Head of Household.
- ☐ Federal Tax Return with W-2 – a copy of the most current tax return with all Schedules which must be signed and dated for all adults 18 years and older. Self-employed individuals must turn in three most current returns.
- ☐ Last 6 pay stubs (3 months) for all adults 18 years and older who are employed.
- ☐ Social Security Benefits Statement (Form SSA-1099) or award letter and/or Pension Doc with yearly amount.
- ☐ Full-Time Student Status – If you have a working 18-year-old or older who is a dependent and he/she is a student, please submit a copy of their school registration or grades showing student status. Only \$480 of earned income will be counted toward total income per HUD guidelines.
- ☐ Alimony or Child Support – proof of amounts received such as a court order or 12-month child support printout.
- ☐ Determination of Unemployment Compensation Benefits document with date first paid out.
- ☐ Unemployed Certificate signed and dated for every person living in the home over age 18 years with no income if applicable (Attached).
- ☐ Mortgage Statement – most recent statement reflecting balance and payment owed.
- ☐ Declaration of Insurance showing property address and policy period.
- ☐ Quarterly Statement regarding Money Market funds, Certificates of Deposits, Mutual Funds, Individual Retirement Account (IRA), 401(K) plans, or any interest-bearing account.
- ☐ Divorce documents/decree/separation agreement if spouse is on deed but not occupying the property.
- ☐ Property Tax – must be current, if delinquent must be on payment arrangement with proof of 3 current payments.
- ☐ Utility Bill – most recent water, electric, phone or gas bill.

The above information will be required for all adults living in the home. Please provide only the documents that are applicable to you. Additional documents may be requested as your application is reviewed. If you cannot make copies of documents, we can make copies for you.

PLEASE MAIL or EMAIL, THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO THE FOLLOWING ADDRESS:

City of Canton
Community Development
P.O. Box 24218
Canton, Ohio 44701-4218 m
ATTN: Loan/Grant Processors
PH (330) 489-3040 FAX (330) 580-2070
Email: communitydevelopment@cantonohio.gov

UNEMPLOYMENT CERTIFICATION

_____ - Name of household member over 18 Years old claiming zero income

I, _____ certify that as of _____ (*date last income source stopped*; I have no source of income. I understand that I must report to the City of Canton all sources of income. I do hereby swear and attest that all of the information reported herein is true and correct. I also understand that any and all income for myself and any additional household members must be reported to the City of Canton within ten (10) calendar days of the change.

Signature of Household Member

Date

Signature of City Representative

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the U.S.

Because you have reported to City of Canton that you have zero (0) household income, you are required to report to the City of Canton what resources are available to meet your family's needs. This includes: money from wages, self-employment, child support, cash contributions, non-cash contributions, Social Security benefits, disability payments (SSI), Worker's Compensation, retirement benefits, AFDC OWF, Veteran's benefits, rental property income, stock dividends, income from any bank accounts, alimony, and any other sources of assistance.

1. Do you own a car? ____yes ____no Do you make car payments? ____yes ____no
What is your monthly payment amount? _____
How do you pay for gasoline? _____ Estimate amount you pay \$ _____
How do you pay for insurance? _____ Estimate amount of bill \$ _____
2. Do you pay a portion of the house payment? ____yes ____no How much do you pay? ____
3. Are you paying for utilities? ____yes ____no How much do you pay?
How do you pay for it? _____
4. Do you have a phone? ____yes ____no Is it a home or cell phone? ____home ____cell
How do you pay for it? Estimate amount of your service \$ _____
5. Do you have cable, digital or satellite services? ____yes ____no How do you pay for it?
Estimate amount of your service \$ _____
6. How do you purchase personal necessities such as soaps, toilet papers, cleaning supplies, etc?
_____ Estimate value of items \$ _____
7. Do you have any credit card bills? ____yes ____no How do you make your monthly payments?

WHEN AND IF YOU BEGIN TO RECEIVE INCOME, YOU MUST CONTACT CITY IN WRITING.